

MAR 09 2010

Please type or print in ink. 2010 MAR 15 AM 8:14 A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
FOY	PETER	CHARLES	[REDACTED]
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
[REDACTED]			OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Board of Supervisors
Division, Board, District, if applicable:
County of Ventura
Your Position:
Supervisor, Fourth District
► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)
Agency: See attached list
Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State
☒ County of Ventura
☐ City of _____
☐ Multi-County _____
☐ Other _____

3. Type of Statement (Check at least one box)

- ☐ Assuming Office/Initial Date: ____/____/____
☒ Annual: The period covered is January 1, 2009, through December 31, 2009.
-or-
☐ The period covered is ____/____/____ through December 31, 2009.
☐ Leaving Office Date Left: ____/____/____
(Check one)
☐ The period covered is January 1, 2009, through the date of leaving office.
-or-
☐ The period covered is ____/____/____ through the date of leaving office.
☐ Candidate Election Year: _____

4. Schedule Summary

- Total number of pages including this cover page: 7
► Check applicable schedules or "No reportable interests."
I have disclosed interests on one or more of the attached schedules:
Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)
Schedule A-2 ☒ Yes - schedule attached
Investments (10% or Greater Ownership)
Schedule B ☒ Yes - schedule attached
Real Property
Schedule C ☒ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
Schedule D ☐ Yes - schedule attached
Income - Gifts
Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments
-or-
☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/1/10
(month, year)

Signature

(in your filing official's)

**Supervisor Peter C. Foy
Agency List
January 1, 2009 through December 31, 2009**

AGENCY:

POSITION:

Air Pollution Control District

Member

Lake Sherwood Community Services District

Member

Point Mugu Regional Airport Authority

Alternate Member

Ventura County Transportation Commission

Member

Ventura County Employees Retirement Association

Member

Eastern Ventura County Conservation Authority

Member

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name <div style="text-align: right;">Peter C. Foy</div>

▶ 1. BUSINESS ENTITY OR TRUST

Peter C. Foy & Associates Insurance Services, Inc.

Name
26150 Oxnard St., #1900, Woodland Hills, CA 91367

Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000			
<input type="checkbox"/> \$10,001 - \$100,000		____/____/09	____/____/09
<input type="checkbox"/> \$100,001 - \$1,000,000		ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> Over \$1,000,000			

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other _____

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME IN THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

See attached list

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000			
<input type="checkbox"/> \$10,001 - \$100,000		____/____/09	____/____/09
<input type="checkbox"/> \$100,001 - \$1,000,000		ACQUIRED	DISPOSED
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000			
<input type="checkbox"/> \$10,001 - \$100,000		____/____/09	____/____/09
<input type="checkbox"/> \$100,001 - \$1,000,000		ACQUIRED	DISPOSED
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other _____

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME IN THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
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<input type="checkbox"/> \$2,000 - \$10,000			
<input type="checkbox"/> \$10,001 - \$100,000		____/____/09	____/____/09
<input type="checkbox"/> \$100,001 - \$1,000,000		ACQUIRED	DISPOSED
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

CUSTOMERS
VENTURA COUNTY

Client	Department	Policy Type	Street	City	St	Zip Code	Ventura County
Craig Parker	Individual	Individual Medical	15315 Benwood Drive	Moorpark	CA	93021	YES
Katalex, LLC	P&C	Commercial Package	1001 Cochran St	Simi Valley	CA	93065	YES
Blake Spatz	Individual	Individual Medical	1001 Cochran St	Simi Valley	CA	93065	YES
American Vision Windows, Inc.	P&C	Comm Gen Liability	12410 Willow Springs Drive	Moorpark	CA	93021	YES
Tom Chowanec	Individual	Individual Medical	2125-A North Medera Rd.	Simi Valley	CA	93065	YES
Ringers Resource, Inc.	Benefits	Group Medical	15330 Benwood Drive	Moorpark	CA	93021	YES
GeoComm Unlimited Corp. DBA N	Benefits	Group Medical	335 Science Drive	Moorpark	CA	93021	YES
Mr. Larry Mars	Individual	Individual Medical	4607 Lakeview Cyn Road , #430	Westlake Village	CA	91361	YES
Calvary Chapel	Benefits	Group Medical	4607 Lakeview Cyn Road , #430	Westlake Village	CA	91361	YES
Meek & Associates	Benefits	Group Vision	4607 Lakeview Cyn Road , #430	Westlake Village	CA	91361	YES
dick dark company, inc	Benefits	Group Medical	4607 Lakeview Cyn Road , #430	Westlake Village	CA	91361	YES
Nexicore/Hartford Computer Gro	Benefits	Group Medical	4607 Lakeview Cyn Road , #430	Westlake Village	CA	91361	YES
Ventura Pest Control, Inc.	Benefits	Group Life Insurance	2682 Placerville CT	Simi Valley	CA	93063	YES
WM. L. Morris - Simi	Benefits	Group Medical	2697 Lavery Ct Suite 17	Newbury Park	CA	91320	YES
Grace Brethren Church	Benefits	401K Plan	2682 Placerville CT	Simi Valley	CA	93063	YES
Metson Marine	Benefits	Group Medical	P.O. Box 375	Ojai	CA	93024	YES
Pure Aire	Benefits	Group Dental	2125-A North Medera Rd.	Simi Valley	CA	93065	YES
Salem Communications	Benefits	Group Dental	2125-A North Medera Rd.	Simi Valley	CA	93065	YES
William S. Duckhart	Individual	Individual Medical	2125-A North Medera Rd.	Simi Valley	CA	93065	YES
J.D. Power and Associates	P&C	D and O Liability	2125-A North Medera Rd.	Simi Valley	CA	93065	YES
Cena To Go	P&C	Commercial Package	2125-A North Medera Rd.	Simi Valley	CA	93065	YES
Interlink Electronics	Benefits	Group Dental	2125-A North Medera Rd.	Simi Valley	CA	93065	YES
Fox Sports Grill	Benefits	Group Medical	2125-A North Medera Rd.	Simi Valley	CA	93065	YES
Calvary Community Church of	Benefits	Group Voluntary Products	26800 Pacific Coast Hwy	Malibu	CA	90265	YES
American Vision Garages, Inc.	P&C	Comm Gen Liability	26800 Pacific Coast Hwy	Malibu	CA	90265	YES
American Vision Solar 1, L.P.	P&C	Workers Compensation	26800 Pacific Coast Hwy	Malibu	CA	90265	YES
Omega Chemical PRP Group, LLC.	P&C	Comm Gen Liability	26800 Pacific Coast Hwy	Malibu	CA	90265	YES
Adams Air Systems	Benefits	Individual Dental	26800 Pacific Coast Hwy	Malibu	CA	90265	YES
International Engine Parts, In	Benefits	Group Dental	P.O. Box 375	Ojai	CA	93024	YES

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Peter C. Foy

► STREET ADDRESS OR PRECISE LOCATION

550 Unique Lane (Home)

CITY

Simi Valley, CA 93065

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/09
ACQUIRED

____/____/09
DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/09
ACQUIRED

____/____/09
DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____
 Peter C. Foy

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Peter C. Foy & Associates</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>21650 Oxnard St., #1900, Woodland Hills, CA 91367</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Insurance Services</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>President</u>	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ <i>(Property, car, boat, etc.)</i> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <i>(Describe)</i>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ <i>(Property, car, boat, etc.)</i> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <i>(Describe)</i>

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		

BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
	<input type="checkbox"/> Real Property _____	
		Street address
HIGHEST BALANCE DURING REPORTING PERIOD		
<input type="checkbox"/> \$500 - \$1,000		
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	City
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	(Describe)

Comments: